


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90559 013 ***150.00

DOCUMENT # F93000001918


1. Entity Name
CATALINA MARKETING INTERNATIONAL, INC.



Principal Place of Business Mailing Address
200 CARILLON PARKWAY **200 CARILLON PARKWAY**
ST. PETERSBURG, FL 33716 US **ST. PETERSBURG, FL 33716 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



03232004 Chg-P CR2E034 (10/03)

4. FEI Number
33-0488896 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NATIONAL REGISTERED AGENTS, INC
526 E PARK AVE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> Delete
NAME	BRISTOW, THOMAS	
STREET ADDRESS	200 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	P	<input type="checkbox"/> Delete
NAME	BECHTOL, MICHAEL	
STREET ADDRESS	200 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	PORT, JOSEPH	
STREET ADDRESS	200 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, ERIC	
STREET ADDRESS	200 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	CFOT	<input type="checkbox"/> Delete
NAME	WOLF, CHRISTOPHER	
STREET ADDRESS	200 CARILLON PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BRISTOW, THOMAS	
STREET ADDRESS	200 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Potts, Robert	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P / O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melanson, Patricia	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S / O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolf, Christopher	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freibergen, Joanne	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO / O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buell, Dick	
STREET ADDRESS	200 Carillon Parkway	
CITY-ST-ZIP	St. Petersburg, FL 33716	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.D. Potts R.D. Potts 4/19/04 727 579 5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #